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Broaching partially-shared identities: Critically interrogating power and intragroup dynamics in counseling practice with trans people of Color

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ABSTRACT

Background: Much of the literature on transgender and nonbinary (TGNB) experiences in counseling focuses on White experiences with few recommendations for trans people of Color (TPOC). Research suggests mental health care providers lack intersectional sensitivity with TPOC, lack knowledge of TGNB issues and engage in microaggressive behaviors, notably with Queer-identified clinicians.

Aim: To explore issues of power and privilege in the counseling relationship with Queer-identified clinicians and apply the multidimensional model of broaching behavior with TGNB clients of Color.

Method: A critical review of conceptual and empirical literature focusing on the interaction and impact of client and clinician race, gender, and sexual/affectional identities in the counseling relationship is presented. Informed by the authors' counseling experiences and respective positionalities as a Black Queer ciswoman and a White Queer transman, the multidimensional model of broaching behavior is applied to a composite case vignette.

Results: The model provides a practical tool to facilitate critical conversations of power, privilege and identity in the counseling relationship.

Conclusion: With a dearth of scholarship addressing the role of cisgender or White privilege in the counseling relationship, this article outlines strategies to broach issues partially-shared identities with TGNB clients of Color. Recommendations for culturally informed counseling practice, supervision and research are also provided.

KEYWORDS

Broaching; counseling; people of Color; transgender and nonbinary individuals

As a microcosm of the larger society, the lesbian, gay, bisexual, transgender, and Queer (LGBTQ+) community is influenced by White supremacist, cisnormative, and patriarchal values. Research indicates that the LGBTQ + community struggles with intragroup hierarchy and discrimination, including androcentrism, genderism, racism, sexism and transprejudice (Alimahomed, 2010; Farmer & Byrd, 2015; Phillips & Stewart, 2008; Purdie-Vaughns & Eibach, 2008; Stone, 2009). Racial and gender marginalization are commonly reported by lesbian and bisexual women of all racial/ethnic groups and Queer and trans people of Color (TPOC; Lambe et al., 2017). Similarly, transgender and nonbinary (TGNB) individuals report exclusion and microaggressions from their cisgender lesbian, gay, and bisexual (LGB) counterparts (Dentice & Dietert, 2015; Rood et al., 2017). These issues suggest a need for critical examination of privilege, oppression and voice in the LGBTQ + community.

While LGBTQ + interest convergence can advance political action and advocacy, it can also contribute to the erasure of meaningful group differences, unique identities and population-specific needs. Most notably, the frequent merging of TGNB and LGB experiences obfuscates gender identity and affectional/sexual identity (Moradi et al., 2016), rendering the two mutually exclusive and reinforcing a cisgender assumption in LGB identity labels (Galupo et al., 2016). This becomes particularly problematic in addressing TGNB-specific issues and experiences. For example, researchers have found that TGNB individuals face greater discrimination in health care, employment settings and the criminal justice system in addition to reporting greater stress, anxiety, depression and isolation than cis individuals

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(Bockting et al., 2013; Dargie et al., 2014; James et al., 2016). Similarly, the conflation of Queer experience with the experiences of White gay men and lesbians primarily advances the interests of White, cis, gay men and lesbians and privileges individuals more adjacent to the dominant group identity and presentation. By co-opting all Queer experience, White, cis, LGB individuals replicate a similar, but potentially more harmful, form of intragroup marginalization that silences many voices within their own community. Thus, those expressing gender variant and nonbinary identities are often sidelined by respectability politics that prioritize gender conformity and LGB diversity reflecting neo-liberal interests (Anderson-Nathe et al., 2018).

A homogeneous presentation of the LGBTQ+ community contradicts the critical stance of Queer theory that seeks to disrupt hegemonic narratives of gender, orientation and sexuality. Instead, Queer perspectives are often minimized to mirror gender binary norms instead of challenging their underlying structure (Anderson-Nathe et al., 2018). In spaces of assumed safety with shared identity and community, marginalization by race, gender expression and/or gender identity can be more profound (Alimahomed, 2010; Dentice & Dietert, 2015; Galupo et al., 2014). This intersectional invisibility (Purdie-Vaughns & Eibach, 2008) reinforces existing power structures and contributes to the erasure of multiple populations in the LGBTQ+community, specifically those with multiply marginalized identities. This creates a unique social location for TPOC, who bear the brunt of discrimination among gender and affectional/sexual minority groups (James et al., 2016; Kattari et al., 2015). Queer intragroup dynamics have chiefly been examined in the context of friendship, romantic relationships and activism (Galupo et al., 2014; Gamarel et al., 2014; Stone, 2009), but have yet to be explored in counseling. To begin to address this absence, we provide a review of literature on TPOC issues in mental health care and demonstrate a model for broaching partially-shared identities using a case vignette.

TPOC mental health care

TGNB individuals face multiple barriers accessing mental health care and consistently report negative experiences while under care (Kanamori & Cornelius-White, 2016; Kattari et al., 2015; McCullough et al., 2017). The medicalization of trans experience positions largely White, cisgender, heterosexual, and middle-class mental health providers as expert in affirming or pathologizing TGNB experiences (Singh & Burnes, 2010). This gatekeeping role (i.e., controlling access to hormone therapy and gender affirmation surgery) establishes an inherent inequity in care, which can significantly impact mental health service delivery. Trans clients have described clinicians as frequently over-focusing on transition-related services, implicitly communicating a lack of interest in the full person (Mizock & Lundquist, 2016). Trans clients have also reported clinicians' denying identity, misgendering and sexualizing/exoticizing identity (Morris et al., 2020). Given such experiences, it is not surprising, though nevertheless concerning, that the absence of microaggressions was described by trans clients as affirmative (Anzani et al., 2019). Collectively, these findings indicate a discrepancy between medical and mental health providers reported positive attitudes toward trans clients (Kanamori & Cornelius-White, 2016) and client experiences.

Negative experiences accessing mental health care are often exacerbated with TGNB clients of Color (James et al., 2016). This is particularly concerning as researchers have found TPOC to be at higher risk for anxiety, depression, psychological distress, and suicidality than White TGNB individuals (Budge et al., 2016; Jefferson et al., 2013; Lefevor et al., 2019). Kattari et al. (2015) found that TPOC reported significantly higher rates of discrimination in interactions with doctors and hospitals compared to their White counterparts. Thus, while likely to experience a need for mental health services, TPOC frequently experience difficulty accessing care, maintaining financial stability, and finding knowledgeable providers (Dickey et al., 2016; Dispenza & O'Hara, 2016). In counseling, TPOC suggest providers lack intersectional sensitivity, lack knowledge of TGNB issues, and engage in microaggressive behaviors (McCullough et al., 2017). Specifically, one Black trans participant reported counselors understanding trans issues, but not racialized gender experiences, stating "I

feel like sometimes you just need to split up your counselors" (McCullough et al., 2017, p. 430). By minimizing racial-cultural or gender identity issues with TPOC, clinicians communicate a preference for compartmentalization of self rather than encouraging wholeness and authenticity.

Since much of the TGNB literature focuses on White experiences (Moradi et al., 2016), there are few culturally responsive recommendations for TPOC (Chang & Singh, 2016). Persistent disparities in mental health risks, access to care, and experiences under care suggest attitudinal barriers in addition to pervasive structural racism and genderism in mental health care practices. Despite professional competencies that address both cisgender privilege and racial-cultural issues, culture-specific awareness seems relegated to content knowledge rather than clinical practice. In a study of clinician competencies with TGNB clients (Whitman & Han, 2017), 96% of clinicians accurately recognized cisgender privilege benefits in society, but 67% downplayed its impact in the counseling relationship. Further, 37% did not agree with the statement that TGNB clients receive lesser forms of counseling, despite considerable evidence to the contrary (James et al., 2016; McCullough et al., 2017; Mizock & Lundquist, 2016; Morris et al., 2020). Notably, a quarter of participants in Whitman and Han (2017) study identified as affectional/sexual minorities and most were White and cisgender. With training often limited to "broad strokes" LGBTQ + counseling recommendations and reduced to dichotomous (e.g., gay/heterosexual, trans/cis) categories, intragroup diversity within the Queer community can be overlooked.

Broaching behavior in counseling

Sue and Sue (2013) suggested that clinicians' cultural self-awareness, knowledge, and skills are foundational in establishing counselor credibility, developing the therapeutic relationship and maintaining client trust with marginalized clients. Given the importance of the therapeutic relationship in counseling outcomes (Lambert, 1992), it is critical to recognize the role of culture in counseling. To this end, Day-Vines et al. (2007) presented the broaching construct as a conceptual framework to address cultural and sociopolitical factors in client experiences. Broaching is described as a continuous and consistent practice in which counselors invite clients to examine issues of race, culture, power, and marginalization in session. The uniqueness of broaching lies in its emphasis on explicitly incorporating race, ethnicity, and culture throughout the counseling process (Day-Vines et al., 2018). From this perspective, counselors hold the professional responsibility of creating a therapeutic environment that integrates the sociopolitical realities of privilege and oppression in counseling.

Early emphasis on broaching was limited to racial-cultural experiences, corresponding to White racial identity statuses due to the invisibility and silence of Whiteness in the larger society and counseling practice (Day-Vines et al., 2007). Broaching styles are outlined in a hierarchical order of five categories, including: (a) avoidant, in which counselors overlook cultural issues or elevate universal counseling concerns at the expense of culture-specific issues; (b) isolating, in which counselors provide a superficial, perfunctory attempt at broaching only to shift to more universal concerns; (c) continuing-incongruent, in which counselors are amenable to broaching culture-specific issues, but fail to demonstrate skills that integrate multicultural awareness and knowledge to be implemented with clients; (d) integrated-congruent, in which counselors facilitate culture-specific interpretations, accept client's cultural meanings, contextualize culture-specific behaviors, and differentiate these norms from psychopathology; and (e) infusing, in which counselors demonstrate elements of the previous level within the counseling relationship, but add to this an advocacy role that involves systemic intervention and social action (Day-Vines et al., 2007). The model has some empirical support, with four of the five statuses clearly delineated using factor analysis (Day-Vines et al., 2013).

Acknowledging the narrow scope of race and ethnicity, Day-Vines and Holcomb-McCoy (2013) developed the four-tier multidimensional model of broaching that more fully addressed the complexity of multicultural dynamics in counseling. This model addresses: (a) intra-counseling dynamics, specific to the cultural factors in the

counseling dyad; (b) intra-individual issues, involving client's experience with multiple intersecting social identities impacting presenting concerns; (c) intra-racial, ethnic, and cultural issues, which emphasize intragroup dynamics within one's cultural groups and communities; and (d) inter-racial ethnic, and cultural issues, specifically addressing cultural differences between the client and others outside of the counseling context (Day-Vines et al., 2018; Day-Vines & Holcomb-McCoy, 2013). Research (Bayne & Branco, 2018; Jones & Welfare, 2017) indicates that counselors struggle to determine which cultural factors to broach and how directly to approach race. Amongst diverse groups of counselors, race and gender emerge as the most salient factors to broach, largely based on perceptions of visibility (Bayne & Branco, 2018; Jones & Welfare, 2017). In contrast, the Queer community normalizes gender presentation ambiguity and fluidity, subverting the gender assumptions alluded to by counselors in these studies.

To date, broaching has not been specifically applied to Queer identities; however, the multidimensional model of broaching provides an opportunity to address the racial-cultural dynamics of gender and gender identity, engage the complexity of Queer identity and decipher intragroup dynamics in the LGBTQ + community. McCullough et al. (2017) found that TGNB clients often selected mental health providers based on providers' demographic information (e.g., race, Queer identity); however, they also largely reported rejection and misunderstanding from cisgender gay and lesbian providers. The distinct impact of microaggressions from other Queer-identified individuals (Galupo et al., 2014) coupled with the frequent missteps of mental health providers, even with relatively robust LGBTQ + representation (Whitman & Han, 2017), suggests further exploration of intragroup Queer dynamics is needed. In an effort to address this lack of information, the authors present a practical application of the multidimensional model of broaching behavior (Day-Vines et al., 2018; Day-Vines & Holcomb-McCoy, 2013). We provide a fictional composite case study developed from our clinical experiences to frame the decision-making process of broaching partially-shared identities from different positionalities as well as a table containing examples along each domain of the model. Further applicability and considerations for use are offered in hopes of increasing clinicians' ability to broach partially-shared identities with TPOC.

Case vignette

Jax is a 24-year-old, Black-identified, African American transman who works as a full-time barista while completing his undergraduate degree. While he reports early recognition that he did not fit within gender norms, there were few outlets to foster this exploration in adolescence. He only recently came out as trans and began hormone replacement therapy less than a year ago. He also identifies as pansexual and is the only child in a middle-class family. He is returning to college after withdrawing five years ago and described his first-year collegiate experience as extremely difficult due to living on campus and lacking the familial support system he was accustomed to. He explored the campus LGBT Pride Center, but was disappointed by minimal discussion of trans experiences, frequent gender put-downs and the "pretty White boy" gay culture. He began experiencing depressive symptoms, which impacted his motivation and grades, leading to his decision to withdraw. Although he describes being close with his parents, he struggled to share his college experience with them. He had a similar experience with depression in high school and during counseling at that time, he asked many questions about gender and sexual orientation, trying to understand himself. However, when the counselor shared this with Jax's parents, they discontinued services and he only had "check-ins" with a school counselor. Currently, he is seeking counseling for stress and disconnection due to his commuter status and being older than most of his peers.

Clinician positionality

As a Black Queer ciswoman, the first author uses Black feminist thought (Collins, 1990) as a critical lens in practice from a Narrative therapy approach (White & Epston, 1990). The "outsider-

within" social location reflects a similar parallel for trans individuals in the Queer community and Queer individuals in the Black community. Further, socialization as a Black woman results in a unique voice and perspective on the intersection of race and gender, which may also be relevant to Jax's voice and perspective as a transman. As a Black, femme-presenting woman, Jax may be hesitant to trust me as both a cultural outsider and insider. Additionally, it is necessary to recognize areas of personal privilege and potential blinders, including my status as an able-bodied, ciswoman from an upper-middle class Christian family.

The second author identifies as a White Queer trans man and uses a Relational-Cultural Theory (RCT; Jordan, 2010) approach in clinical practice. Within this framework, RCT endorses critical examination of the influence of power, privilege, and oppression on the therapeutic relationship and on the lives of the counselor and client. As a cis-passing White transman, my relationship with Jax will likely be impacted by my choice of whether or not to disclose my identity as a transman. Although my experience as a transgender man with a shared history of sexual and gender identity confusion may allow for a deeper relational connection with Jax, the saliency of racial identity in both of our intersectional experiences are especially relevant to both my understanding of Jax and his trust in my ability to adequately explore relevant systems of oppression, such as racism, as a White person.

Clinical application

Consistent with the multidimensional model of broaching, we examine the case vignette through an intersectional lens, rather than a single frame of identity (e.g., transman or Black). Intersectionality addresses interrelated dimensions of identity (e.g., Black transman) and systems of oppression (e.g., racism, nationalism, genderism, and patriarchy). Intersectionality is specifically designed to investigate and explicate complex forms of social inequality (Collins & Bilge, 2016) and thus, serves as a helpful framework for conceptualizing TPOC experiences from a multifaceted sociopolitical context that reflects the liminal space of trans experience. Clients may be perceived as possessing gender privilege (i.e., man) and receive its benefits based on external perceptions of gender for those able to "pass," while simultaneously experiencing marginalization based on gender identity (i.e., transperson). This may also be influenced by socioeconomic status and the ability to access costly gender affirmation resources and services (de Vries, 2015; Singh & McKleroy, 2011). Intersectionality can be used to assist clinicians in developing a more complete understanding of their TPOC clients and broaching complex cultural dynamics across all four domains as illustrated in Table 1.

The first domain addresses intra-counseling dynamics, which are particularly important to address early, as negative counseling experiences can result in client termination (Day-Vines et al., 2007). Broaching visible and invisible cultural identities early can normalize these discussions in counseling and encourage Jax to explore salient cultural factors at his own pace. Since some cultural topics may be more sensitive to address than others, explicitly naming identity categories can indicate openness. For example, a counselor could broadly state, "In our first session, we usually gather background information to get a 'snapshot' of where you are now so we can develop goals. I will ask about your family, significant relationships, health, work, past counseling, etc. I will also ask about your cultural background because I believe that is an important part of each person. This can include race, gender, sexual orientation, religion, or other things that might be important to you." It is also recommended that clinicians address specific identity markers for themselves as shown in Table 1. This can create space to discuss past counseling experiences and demonstrate clinicians' willingness to hold themselves accountable, while inviting and empowering clients to do the same (Singh & Burnes, 2010).

In the second broaching domain, intra-individual issues, it is important to understand how Jax sees himself in light of the negative messages associated with his multiple marginalized cultural identities (Rood et al., 2017; Warren et al., 2016). Societal messages can contribute to internalized transprejudice, racism, and self-doubt, negatively impacting his view of self. Researchers indicate

Table 1. Multidimensional model of broaching behavior with case vignette.

Application	Counselor 1: Black Queer ciswoman	Counselor 2: White Queer transman
Intra-counseling dynamics (Kattari et al., 2015; McCullough et al., 2017; Singh & Burnes, 2010)	It sounds like your past counseling experiences have been pretty disappointing. I want to be intentional in making sure that we don't repeat that history here. While I may have some insight and understanding as a Queer Black woman, there are also things I may miss as a ciswoman. As we move forward, I will hold myself accountable and I encourage you to do the same so that we can do some meaningful work together. Are there are any things you want to address up front and/or questions that you have about working with me?	I'm hearing that you had a pretty traumatic experience last time you were in counseling like this. I imagine that your previous counselor telling your parents about your exploration led to a lot of mistrust that might be present here, too. Your confidentiality and safety are my priorities. That said, I'm wondering how you imagine I'll be able to relate to and support you in your experience as a Black transman through my lens as a White transman? Is there anything you're particularly concerned about or maybe ways you haven't felt heard by others before?
Intra-individual issues (Riggle et al., 2011; Rood et al., 2017; Singh & McKleroy, 2011; Warren et al., 2016)	We stay silent about a lot of things on gender and sexuality in the Black community, but you have consistently sought support as you learn more about yourself. How have you been able to challenge that way of thinking in your own life? Even with little support, it seems like you been able to come to your own self-definition as a Black, pansexual transman-how were you able to do that?	Tell me a little about your experiences being seen as a Black man. There are a lot of negative stereotypes related to Black men, and I'm wondering how you find yourself impacted by those stereotypes? What meaning do you ascribe to being a Black, pansexual transman?
Intra-racial, ethnic, and cultural issues (Chang & Singh, 2016; Singh et al., 2013; Singh & McKleroy, 2011; Testa et al., 2014)	It sounds like you are in a different space than you were five years ago, and I'm wondering if you're open to connecting with the LGBT center at your new school? While you may still find the "pretty White boys," it can be your space as well as theirs. I also wonder how your engagement can be an opportunity for you and other trans and Queer folks of Color to claim their space?	It can be pretty tough to find community spaces that are catered to trans folks, and especially trans folks of Color. I'm curious about other resources the LGBT center on campus has, and if they have any intentional spaces for QTPOC? Are there other avenues you might feel comfortable connecting with other affirmative folks that share more of your identities, like online groups?
Inter-racial, ethnic, and cultural issues (de Vries, 2015; Singh & McKleroy, 2011; 2013)	At this point, you are navigating campus, relationships, and career decisions from a different perspective, facing new issues in a changing body. It is a lot to figure out at once and feeling stressed makes sense! It may be helpful to revisit what made you decide to return. What does it mean to you to be in college now and what do you want to gain? From there, hopefully, we can break the stress into some manageable pieces in our work together.	It makes sense right now that you're feeling discouraged and overwhelmed, in the past year you've entered a whole new space returning to college, dealt with career and educational shifts, plus you're having to navigate what it means for others to see you as a Black man, which is overwhelming by itself! I'm glad you're here and appreciate you taking the steps to be open and vulnerable in this process. I hope we can work together to help you better understand yourself and find connection with others.

Note. Table 1 provides sample statements across each domain of the multidimensional model of broaching corresponding to the case vignette.

that valuing both trans and racial/ethnic identities (Singh, 2013; Singh & McKleroy, 2011; White, 2019) is an important strategy in TPOC resilience. Highlighting resilience can affirm identity and challenge cisnormative assumptions (Anzani et al., 2019). Additionally, this provides an opportunity to examine how racialized gender dynamics (e.g., socialization as a Black woman, male privilege and oppression as a Black man) may be relevant in different ways (Chang & Singh, 2016; de Vries, 2015). Clinicians' tendency to minimize or overemphasize trans identity encourages compartmentalization in counseling (Morris et al., 2020), which is particularly salient for those with multiple minoritized cultural identities.

The third domain, intra-racial, ethnic, and cultural issues, may be pertinent to both Jax's family and the LGBTQ + community. His past experiences with the student pride center contributed to his isolation and may impact current stress and anxiety. With little information on Jax's Queer community, experiencing connection with other TGNB individuals (Testa et al., 2014), specifically TPOC, may be a part of negotiating Queer identity and community. Culture-specific content can be tentatively offered for the client to affirm, challenge or modify to reflect lived experience. Beyond normalizing cultural discussion, broaching also involves using culture to contextualize presenting issues. In this case, clinicians can examine dynamics that may influence his navigation of Black and Queer communities and its impact on his mental health.

Lastly, the inter-racial ethnic and cultural issues domain creates an avenue to introduce

larger systemic issues, like minority stress, particularly in a new academic environment that may include triggers from his previous college experience. Similarly, his middle-class status, experiences as a trans student, and making career decisions as a transman may contribute to the stress he experiences (Budge et al., 2016; Singh et al., 2013). This domain most closely resembles dichotomous privileged/marginalized frames commonly presented. However, we suggest clinicians facilitate critical conversations that deconstruct hegemonic narratives tied to race and gender identity and acknowledge the role of minority stress on mental health (Dargie et al., 2014; de Vries, 2015; Factor & Rothblum, 2008; Phillips & Stewart, 2008).

Recommendations for counseling

Using the broaching framework, clinicians can effectively communicate about cultural issues and empower TPOC in an often-disenfranchising mental health system. Broaching offers a tool for mental health providers to facilitate critical conversations about the counseling process, previous counseling, presenting issues, identity, and community through an intersectional lens. Research indicates that counselors struggle to broach culture for fear of alienating the client or making the client uncomfortable; however, they also expressed concerns about missed opportunities (Bayne & Branco, 2018; Jones & Welfare, 2017). Many of these fears are rooted in clinicians' discomfort in broaching behavior, so keeping counseling "neutral," means overlooking cultural identities to treat all clients as the dominant group (Sue & Sue, 2013). However, the risk of counselor discomfort pales in comparison to missed opportunities for connection and empowerment in the counseling relationship.

While there is an opportunity for clinicians who share Queer, trans, and/or minoritized racial and ethnic identities with TPOC clients to relationally connect, there is an increased risk of harm with microaggression from a clinician who only partially shares identities (Galupo et al., 2014; McCullough et al., 2017). Thus, it is imperative that counselors be able to effectively broach partially-shared identities and attend to intersectionality throughout the counseling process. Table 1 provides a starting point for broaching partially-shared Queer identities using the authors' own social locations with the case study of Jax. It is important to note that the examples provided are sample statements that need to be tailored to the client's level of cultural identity development and may be used at different stages of the counseling process.

A holistic framework addressing individual, cultural and universal factors was used to understand Jax's history and presenting issues and highlight his strengths and resiliency. While much has been written about minority stress and its impact on mental health, scholars are simultaneously emphasizing resilience (Gamarel et al., 2014; Hendricks & Testa, 2012; Jefferson et al., 2013; Singh, 2013, 2016; Warren et al., 2016). Researchers have indicated that TPOC describe multiple strategies of resilience, including pride and self-definitions in gender and racial/ethnic identity, navigating multiple forms of oppression, developing affirming relationships, connecting with other trans individuals, accessing health care and financial resources, and engaging spirituality and hope for the future (Singh, 2013; Singh & McKleroy, 2011; Testa et al., 2014; White, 2019). Strategies for counseling assessment, diagnosis and treatment planning with TPOC should reflect understanding of the impact of multiply marginalized identities in mental health and resilience.

Recommendations for supervision and training

Supervisors and educators have an added responsibility to broach cultural factors in supervision and assist clinicians in recognizing and addressing power, privilege, and oppression with clients. This requires supervisors to maintain a meta-analytic view of cultural dynamics in counseling and supervision while interrogating the power systems present at both the societal and supervisory levels (Hernández & McDowell, 2010). Further, supervisors must model broaching across identities salient to supervisees and their clients and assess clinical skills in broaching behavior (Day-Vines et al., 2013), even in the event the supervisor holds identities separate from those of the supervisee and client. Thus, it is imperative for

supervisors to pay close attention to intersectionality within the supervisory relationship, particularly when discussing complex differentiations of shared marginalized identities. Supervisors may refer to Peters (2017), who offered sample action plans that can be implemented with supervisees and further addressed intersectionality within the supervision process.

Counselor educators can also utilize the multidimensional model of broaching in the classroom to facilitate students' comfort with open discussion of culture. The first author uses a modified application of transparent counseling pedagogy (Dollarhide et al., 2007) using a role play intake session in a multicultural counseling class. The "counselor" shares an opening broaching statement and discusses the role of culture in counseling. The instructor intermittently "pauses" the demonstration for students in small groups to share observations, describe cultural considerations with issues identified by the client and provide recommendations for the next steps. Using the same role play "client" students develop a personal broaching statement and give and receive feedback from their peers. Beyond courses that focus on cultural diversity, Day-Vines and Holcomb-McCoy (2013) suggested integrating broaching in other core courses, such as counseling foundations, techniques, assessment, and diagnosis to reinforce broaching behaviors and skill development across the curriculum.

Recommendations for research

As scholarship on broaching behaviors has expanded from its earliest presentation (Bayne & Branco, 2018; Day-Vines et al., 2018; Jones & Welfare, 2017), future research should investigate broaching behaviors of trainees and clinicians with Queer issues as this has not been empirically studied in counseling. There is also a need for more research on the experiences of TPOC in counseling, both generally and specific to racial-cultural experiences. Small samples often result in lumping all people of Color into a single category without examining unique racial-cultural factors that may be relevant to counseling practice.

In addition to these topical areas for future research, we suggest investigating TPOC experiences and mental health disparities with varied research methods. With qualitative research dominating the TPOC literature, other methodologies (e.g., factor analysis) can build on these findings to generate evidence-based assessment tools and interventions. Mixed methods and multimethod research can also be used to explicate the complexity of intersectionality in lived experience (Chan et al., 2019). Researchers are also encouraged to engage in participatory action research (PAR; Kemmis & McTaggart, 2005). To do so, it is necessary to establish credibility within the community of inquiry and engage in critical interrogation of personal privilege as well as problematic power dynamics in the practice of counseling (Chang & Singh, 2016; Singh & Burnes, 2010). Utilizing a resilience-oriented framework in PAR can serve as a powerful counternarrative to deficit models commonly seen in mental health.

Conclusion

As medical and mental health providers shape discourse and practice around gender identity through diagnosis and gatekeeping gender affirmation services and resources, clinicians would be remiss to not address these power dynamics in the counseling relationship. Research indicates that TGNB counseling experiences include clinicians overemphasizing or entirely overlooking gender identity, pathologizing gender identity, focusing on gatekeeping, burdening clients with education responsibilities, minimizing issues of privilege and committing microaggressions (McCullough et al., 2017; Mizock & Lundquist, 2016; Morris et al., 2020; Whitman & Han, 2017). These issues are often amplified with TPOC who face marginalization on multiple fronts (James et al., 2016; McCullough et al., 2017). The multidimensional model of broaching (Day-Vines et al., 2018; Day-Vines & Holcomb-McCoy, 2013) can be utilized to address power dynamics broadly in mental health care services and specifically between client and clinician.

Declaration of interest of statement

The authors declare that they have no conflict of interest.

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